

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 807676	RECEIPT DATE:	04 / 13 / 01
IA NUMBER:	PCT/ US99 / 22940	IA FILING DATE:	10 / 13 / 99
FAMILY NAME:	BARRETT	DELAY WAIVED (Y/N):	N
GIVEN NAME:	BRUCE J	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 13 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	SOM01 P329A	COUNTRY:	
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CITY:	GRAND RAPIDS		
STATE/COUNTRY:	MI	ZIP:	49501
EMAIL:			
APPLICATION TITLES:			
	MULTI-CHANNEL NON-INVASIVE TISSUE OXIMETER		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 2249

SERIAL NUMBER 09/807,676	FILING DATE 07/12/2001 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. SOM01-P329A
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APPLICANTS

Bruce J. Barrett, Birmingham, MI;
 Oleg Gonopolsky, West Bloomfield, MI;
 Richard S. Scheuing, Rochester Hills, MI;

**** CONTINUING DATA *******

This application is a 371 of PCT/US99/22940 10/13/1999
 which claims benefit of 60/103,985 10/13/1998

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 4	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

000277

TITLE

MULTI-CHANNEL NON-INVASIVE TISSUE OXIMETER

FILING FEE RECEIVED
1066

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT.
 No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
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APPLICANTS Bruce J. Barrett, Birmingham, MI; Oleg Gonopolsky, West Bloomfield, MI; Richard S. Scheuing, Rochester Hills, MI;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US99/22940 10/13/1999 <i>de - C</i>				
** FOREIGN APPLICATIONS ***** <i>none</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 62
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		INDEPENDENT CLAIMS 4		
ADDRESS 000277				
TITLE Multi-channel non-invasive tissue oximeter				
FILING FEE RECEIVED 1066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	